A Rational Study of Analgesics and Antipyretics

Dr. Jamie Uhrig,

Dr. Penny Dawson

Rational Drug Cell

Medico Friend Circle



Published by Kerala Sastra Sahitya Parishad



A Rational Study of Analgesics and Antipyretics

Dr. Jamie Uhrig

Dr. Penny Dawson

Rational Drug Cell

Medico Friend Circle



Published by Kerala Sastra Sahitya Parishad A Rational Study of Analgesics and Antipyretics

Dr. Jamie Uhrig and Dr. Penny Dawson

Rational Drug Cell Medico Friend Circle, 50, L. I. C. Quarters, University Road, Pune - 411016

First published October 1985

Published and distributed by Kerala Sastra Sahitya Parishad Triyandrum - 695037

Printed at Varnam Printers, Trivandrum-29 Price Rs. two

A RATIONALITY STUDY OF ANALGESICS AND ANTIPYRETICS

Dr. Jamie Uhrig and Dr. Penny Dawson

Pain is a universal phenomenon and the development of drugs to relieve pain must be looked upon as one of the few real accomplishment of western medicine. The minor and major analgesics are important drugs in any formulary and are widely prescribed. Fever is another common symptom of disease and antipyretics are also used extensively, especially for children. In order to study what drugs are available and used for pain and fever it is useful to study the Monthly Index of Medical Specialities (MIMS), which contains many of the standard preparations and the combinations currently being promoted by the pharmaceutical industry. Before the results of this study of the analgesics and antipyretics in MIMS are presented, a few introductory comments are needed.

A World Health Organization Expert Committee has established a list of essential drugs for all countries. The list includes the following analgesics and antipyretics:

Aspirin (acetylsalicylic acid, ASA) tablets and suppositories

Paracetamol (acetaminophen)
tablets and suppositories

Codeine: Phosphate tablets,

Pethidine: Injection,

Morphine: Injection.

Major textbooks of medicine and surgery recommend the use of these listed drugs almost exclusively. 6, 7.

Notably absent from this list are three drugs that are found in MIMS. They are the widely used analgesic analgin (metamizol, dipyrone), and the opioid analgesics dextropropoxyphene and pentazocine.

Analgin is a minor analgesic/antipyretic that enjoys widespread popularity in India. It is an unnecessary and dangerous drug for which there are safe and inexpensive substitutes.'Il Analgin is not inexpensive; even generic preparations are usually five items the price of aspirin and double the price of paracetamol. It has been implicated in many cases of agranulocytosis and has been deleted from the formularies of most countries.'I Analgin should also be banned in India. If its manufacture and sale continue to be allowed, then it should only be used when no alternative is available'1. Because most countries have banned analgin, studies have not been performed on combinations of analgin and other analgesics. These combinations cannot be recommended for use.

Dextropropoxyphene is an opioid analgesic that has relatively low addictive potential but little analgesic activity either. One study found it to be no better than placebo in the relief of moderate pain'1. In combination with aspirin for the relief of mild pain, it was found to be only as effective as aspirin and codeine'5. The combination of dextropropoxyphene and paracetamol has been proven to be ineffective; the combination is only as effective as paracetamol alone'2.

Pentazocine is a newer opioid analgesic. It is an extremely expensive drug that offers no advantages over the well-known and proven major analgesics pethidine and morphine'3. Pentazocine tablets are thirty times more expensive than pethidine tablets. Pentazocine should be classified as a narcotic, as there is potential for drug abuse.'10

Bearing in mind the recommendations of standard textbooks, the findings of studies published in periodicals, and the recommendations of the World Health Organization, it is possible to classify the preparations found in MIMS. The fiftynine preparations listed as analgesics and antipyretics in the July 1984 issue of MIMS India were studied; the results were graded:-

A: use of the product is justified—14 preparations.

B: the combination is not proven to be superior to single ingredient preparation; and hence not recommended—

16 preparations.

C: the combination has deen proven to be inferior to single ingredient preparation; and should be withdrawn—11 preparations.

D: the preparation contains analgin;and should be banned—18 preparations.

Manu- facturer's name	Grade Ingredients (us	Cost of treatment ually 5 days	Refe- rences
1	2 3	4	5
ANADEX (Concept)	D Analgin 250 mg dextropropoxyphene -65 mg	Rs. 9.05	1, 2

Comments: This combination is of unproven efficacy. Analgin should not be used when alternatives are available; and dextropropoxyphene is no better than a placebo in combinations.

1	- , 2	3	4 5
APIDIN (IDPL.)	C	aspirin 300 mg caffeine 30 mg codeine-phosphate 6 mg	Rs. 5.92 1, 12

Addition of caffeine or a subtherapeutic dose of codeine to Aspirin adds nothing to its effectiveness; caffeine does not potentiate the analgesic activity of aspirin but codeine can do so, if used in proper dosage.

AVAFORTON (Khandelwal)	D	avapyrazone 24 mg metamizol- analgin 240 mg per ml	Rs. 5.32 two in- jections	-1
		avapyrazone 60 mg metamizol 210 mg analgin per tab	Rs. 16.74	

This analgesic-antisps modic combination is of unproven effectiveness, and should not be entered in the analgesic/antipyretic section of any formulary. Avapyrazone is a little-used drug and analgin should never be used when substitutes are avaitable.

AVAMOL	В	avacan substai	nce 50 mg	Rs. 6.02	1
(Khandelwal)		systral paracetamol per ml	5 mg 100 mg	for a bottle	-

Like the previous preparation, this is a combination of unproven value. Avacan is a little-used drug, and analgin should never be used when substitutes are available.

1	2	3	4 5
BARALGAN (Hoechst)	D	analgin 500 mg p-piperidinoetho carbmethoxybenz diphenyl-piperidi lacetamidbrom-o	ophenone 5 mg noethy- -methylate
		per tablet analgin 500 mg second ingredient as above 2 mg; third ingredient a above 0.02 mg. per ml.	tion
This is an analo	iesic-a		paration of unproven

This is an analgesic-antispasmodic preparation of unproven value. Analgin should never be used when substitutes are available.

BESEROL

(Win-Medicare)

B Paracetamol 450 mg Rs. 45.50 1, 5 chlormezanone 100 mg

This is a very expensive unproven combination. Chlormezanone is a minor tranquilizer that is outdated and adds nothing to the effectiveness of paracetamol.

BETAFLAM
(Vilco)

C Paracetamol 400 mg Rs. 9.79

dextropropoxyphene
65 mg

oxyphenbutazone
100 mg
diazepam
2 mg

The combination of paracetamol and dextropropoxyphene has been proven to be inferior to single ingredient preparation. Oxyphenbutazone has to be used only for very specific purposes and never to be included in fixed dose combination.

1	2	3	4
BRAL (Microlabs)	В	identical ingredients to Baralgan	Rs. 11.13
This preparation above.	is ider	ntical to Baralgan that	has been reviewe
CAFIASPIRIN (Bayer)	В	aspirin 300 mg caffeine 30 mg	Rs. 3.60 1,
		I dose of caffeine to t n does not add to its	
CALPOL (Wellcome)	A	paracetamol 500 mg tabs. paracetamol 120 mg	Rs. 8 1, 5 6, 7 Rs. 12.23 Rs. 48.90 for 5 days depending on age.
		lent analgesic/antipy preparation is its hig	
CODOLSIC (FDC)	D	analgin 500 mg clidinium bromide 2 diazepam 2.5 mg	Rs. 10.26
This combination	n ic of	unproven effectiven	ess The addition

This combination is of unproven effectiveness. The addition of an antispasmodic and a minor tranquilizer to this analgesic does not add to its effectiveness. Analgin should never be used when substitutes are available.

1	2	3	4	5
CORBUTYL (Roussel)	С	dextropropoxyphene -65 mg paracetamol 650 mg	Rs. 7.63	2

The combination of paracetamol and dextropropoxyphene has been proven to be inferior to single ingredient preparation.

DOLOPAR PLUS C dextropropoxyphene Rs. 22.92 2

(Micro Labs) -65 mg

acetaminophen
(paracetamol) 400 ,,

diazepam : 2 ,,

The combination of dextropropoxyphene and paracetamol has been proven to be not superior to individual drugs given alone. Addition of minor tranquilizer to this combination does not make it more effective.

EQUAGESIC
(Wyeth)

B ethoheptazinecitrate 75 mg
meprobamate 150 mg
aspirin 250 mg

This combination is of unprove effectiveness. The addition of the minor tranquilizer to aspirin and ethoheptazine adds nothing to its effectiveness. The use of this minor tranquilizer, meprobamate, has been replaced by the use of newer and safer ones. Meprobamate is an addicting drug hence the use of this combination should be restricted.

1	2	3	4 5
FORTAGESIC (VVin-Medica	4	mol 500 mg zocine 15 mg	Rs. 62.76 1, 5
combination. any value. Th	But addition o	f 15 mg has nely expensive	not proved to be of combination. Penta-
FORTWIN (Ranbaxy)	A Pentazo injectio		Maximum 1, 3 Rs. 39.84 5, 10 per day
	Pentazo tablet	cine 25 mg	Rs. 102.40
This extreme	ly expensive of	drug is not nec	essary to replace the
Because of added to the	its addictive narcotic formu	potential, per lary. Its use sl	rphine and pethidine ntazocine should be hould be restricted to a sare ineffective.
CROCIN (Duphar)	•	mol 125 mg	abs. Rs. 8.00 1, 5 Rs. 2.57 to 6, 7 Rs. 10.30 (depending on age)
toxic effects			tipyretic activity. Its er agents. It can be
CUREPAR (Curewel)	A paraceta	mol 500 mg	Rs. 7.28 1,5 6,7

Paracetamol has excellent analgesic/antipyretic activity.

1	2	3	4	5
CYCLOPAN (Indoco)	B dicyclo paraceta diazepa	amol 500 mg	Rs. 4.00	1,5

This combination is of unproven effectiveness. The addition of a minor tranquilizer and an antispasmodic adds nothing to paracetamol's activity.

DISPIRIN A Aspirin 350 mg Rs. 7.20 1,5 (Reckitts) calcium carbonate 105 mg citric acid 35 mg

Buffered aspirin has no advantages over plain aspirin for the treatment of pain and fever. However, it can be given in patients with gastritis.

DOLOPAR	D	analgin	250 mg	Rs. 14.68	1
(Microlabs)		paracetamol	25 0 mg		
		caffeine	25 mg		
		per tablet	ŧ		
		analgin	62.5 mg	Rs. 20.19	
		paracetamol	62.5 mg		
		per 5 ml.			

This combination is of unproven effectiveness. Analgin should never be used when substitutes are available. Analgin should not be combined with other agents.

NORGESIC C dextropropoxyphene 32.5 mg Rs. 9.45 2 (CIPLA) raracetamol 325 mg

This combination of dextropropovyphene and paracetamol has been proven to be no more advantageous as compared to single ingredient.

1		2		3		4	5
NEOGE (AFD)	NE	D		amol	25) mg	R s. 7 .50	1,5
This co.			codeine caffeine		te ,, 30 mg	/ irrational	

This combination with 5 ingredients is totally irrational; it mixes one useful analgesic/antipyretic drug with another, major antipsycotic with a minor opiate; and adds a small dose of caffeine.

NOVALGIN (Hoechst)	D	analgin tablets	500 mg	Rs. 10.88	1
		analgin injection	500 mg/ml	Rs. 26.85 to Rs. 42.75	

This expensive minor analgesic/antipyretic should never be used when alternatives are available.

NOVALGINE	D	metamizol quinine	
QUININE		100 mg Rs. 6.95	1
(Hoechst)		metamizol calcium	
		150 mg	

The minor analgesic/antipyretic analgin should never be used when alternatives are available. The addition of quinine adds nothing to its effectiveness.

MALIDENS	paracetamol	250 mg	Rs. 15.15	1,5
(Nicholas)	salicylamide			·
	caffeine	25 mg		

This combination is not proved to be superior to paracetamol alone. This combination of two analgesic/antipyretic drugs with similar actions in one tablet is not rational as it does not increase the effectiveness of either drug. Caffeine does not add to the combination's effectiveness.

1	2	3		4		5
MAZETOL (SG Pharma- ceuticals)	Α	carbamazep	ine 200		Rs. 8 to	3
This drug has no only indicated for and some types of analgesics/antipy be clearly spelt.	r th	e specific trea eizures. It sh	tment of	trigemin t be in	nal neur cluded	algia with
MICROPYRIN (Nicholas)	В	microfine as	_	0 mg Rs	s. 2.37	1,5
This is an inexperience adds no aspirin.						
MOLIN (Pharma Research)	A	paracetamol syrup	125 mg	/5 ml Rs	. 11.70	1,5 6,7
Paracetamol has be given to infan			,			Can
OPTALIDON with paracetamol (Sandoz)	В	butabital aspirin paracetamol	50 200		5. 7.84	1,5

The combination of these two analgesic/antipyretic drugs with similar actions in one tablet is not rational, and the addition of a minor tranquilizer and the amount of caffeine found in half a cup of tea does not add to its effectiveness. Butabarbital should be removed from the combination.

40 mg

caffeine

1	2	3	4	5
PAMAGIN (Alkem)	D analgi diazep tablet	oam 5 mg	Rs. 3.27	1
	analgi diazep injecti	pam 5 mg	Rs. 30.50	

The minor analgesic/antipyretic, analgin should never be used when an alternative is available. The addition of a minor tranquilizer to this drug does not increase its effectiveness. The injectible form is very costly.

PARACIN (Stadmed)	Α	paracetamol tablet	500 mg	Price not quoted	1,5 6,7
	k	syrup	5 mg/ml.	, 11	

Paracetamol has excellent analgesic/antipyretic activity.

PARVON A dextropropoxyphene 65 mg Rs. 9.26 1,2 (Jagson Pal)

This synthetic analgesic of relatively low addictive potential has limited usefulness in the treatment of moderate pain. It is three times more expensive than the WHO-recommended major analgesic, pethidine.

PARVON-N	С	dextropropoxyp	hene 32 mg Rs. 9.26	2
(Jagson Pal)		paracetamol	350 mg	
		diazepam	2 mg	

The combination of dextropropoxyphene and paracetamol has been proven to be no more superior than individual agents used alone. The addition of a minor tranquilizer adds nothing to analgesic effectiveness, and has been prohibited by Govt. of India (see below).

1	2	3 °	4	5
PARVON-P (Jagson Pal) This combination the individual ag	pa n has be	extropropoxyph aracetamol een proven to b	350 ,,	9.26 2 erior than
PREDIMOL (Uniloids)	A pa	aracetamol	500 mg Rs. 6	6.64 ·1,5 6,7
Paracetamol has is the least expending MIMS, but it is preparations.	ensive c	of the paracetan	nol tablets ava	ailable in
PROMALGIN (Uniloids)		algin 250 gracetamol 250		.04 . 1,5

caffeine 25 ,,

This combination is of unproven effectiveness. The combination of two analgesics/antipyretics with similar actions in one tablet is not rational, as it does not increase the effectiveness of either drug.

PROXYVON C dextropropoxyphene 65 mg Rs.11.04 1,5 (Wockhardt) acetaminophen-400 mg paracetamol diazepam 2 mg

The combination of dextropropoxyphene and paracetamol has been proven to be ineffective. The addition of a minor tranquilizer adds nothing to analgesic effect and such addition has been prohibited by the Govt. of India; but the prohibition is not enforced.

1 2 3 4 . 5 PYRIGESIC paracetamol 500 mg Rs. 8.08 1,5,6,7 (East India) tablet paracetamol 125 mg/ml Rs. 5.16 syrup Paracetamol has excellent analgesic/antipyretic activity. dicyclomine 10 mg 1,5 PYRISPAM -Rs. 10.52 B (Biddle Sawyer) paracetamol 500,, chlodiazepoxide 5 mg tablet:

These combinations are of unproven effectiveness. The addition of an antispasmodic and a minor tranquilizer to this analgesic adds nothing more to the analgesic effect. Chlordiaze-poxide should be removed from the combination: as per Govt. of India decision.

paracetamol 125mg/ml

dicyclomine

syrup.

Rs. 18.90

5 mg

RALCIDIN B paracetamol 300 mg Rs. 3.87 1,5 (Rallis) caffeine 16 mg chlorpheniramine 1.6 mg phenylephrine 5 mg

The analgesic/antipyretic activity of paracetamol is not enhanced dy the addition of a vasoconstrictor, an antihistamine & caffeine. This combination is irrational as an analgesic. It will be effetive in allergic cold. Phenylephrine can act locally and not reliably absobed orally.

1	2	3	4	,	5
,		,			

SEDYN-A-FORTE D analgin 375 mg Rs. 2.51 1,5 (MM Labs) diazepam 2.5 mg per injecdiphenhydramine 20 mg tion

This combination is of unproven effectiveness. The addition of a minor tranquilizer and an antihistamine to the minor analgesic/antipyietic, analgin, does not add to its effectiveness. Drowsiness will be added disadvantage of this combination. The Govt, of India has banned. The combination of tranquilizer with analgesics. But brands like Sedyn-H-Forte containing a tranquilizer combined with an analgesic are still being sold.

SOSEGON A Pentazocine 30 mg maximum 1,3 (Win-medicare) injection Rs. 49.08 5,10 per day pentazocine 25 mg Rs. 105.18 tablet for 5 days

This extremely expensive drug is not necessary to replace the WHO-recommended major analgesics, morphine and pethidine. The tablets are 30 times more expensive than pethidine and the injections are 10 times more expensive than pethidine. Because of its addictive potential pentazocine should be added to the narcotic formulary.

			·
1	2	3	4 5
SPASMIZOL (IDPL)	D	homatropine methyl bromide 2.5 mg	Rs. 4.93 1
7.1		analgin 500 mg	
•		phenobarbitone 10 mg tablet	
	D	homatropine methyl-	-
		bromide 2.5 mg analgin 100 mg	minable
,		phenobarbitone 5 mg	4
,	D	injection per ml. methscop. 0.5 mg	
- 200	D	analgin 500 mg	"
		injection per ml.	
man a		n n	£

These are unproven combinations. The addition of an antispasmodic and a tranquilizer to the minor analgesic/antipyretic, analgin, does not add to its effectiveness.

C	dicyclomine 10 mg	Rs. 12.57	2
	dextropropoxypher	ne 65 mg	
	acetaminophen-		
	(paracetamol)	400 mg	
	chlordiazepoxide	5 mg	
	С	dextropropoxypher acetaminophen- (paracetamol)	dextropropoxyphene 65 mg acetaminophen- (paracetamol) 400 mg

The combination of dextropropoxyphene and paracetamol has been proven to be ineffective. The addition of a minor tranquilizer and an antispasmodic adds nothing to its effectiveness.

TUXYNE (Griffon)	В	noscopine aspirin caffeine chloropheni	300 30	"	Rs. 4.77	1,5
		chioropheni	ramme 2	"		

Aspirin has excellent analgesic/antipyretic activity, but the addition of an anticholinergic, an antihistamine, and caffeine adds nothing to its effectiveness. It may add to the cost of the preparation.

1	2	3 4	5
TYLENOL (Ethnox)	A	acetaminophen— (paracetamol) 120 mg/5ml Rs. 4.80 syrup (One Yr) Rs, 16.10 (Six Yrs)	1,5 6,7

The analgesic/ antipyretic activity of paracetamol is excellent but these are cheaper preparations of paracetamol syrup.

ULTRAGIN D analgin. 250 mg Rs. 9. 72 1,5
(Manners) paracetamol 200 mg
caffeine 25 mg
(same as Promalgin)

This combination is of unproven effectiveness. The combination of two analgesic/antipyretic drugs with similar actions in one tablet is not rational as it does not increase the effectiveness of either drus. Analgin should never be used when alternatives are available.

ULTRAGIN D analgin 62.5 mg. Rs. 6.23 1
Syrup paracetamol 625 mg (infants)
(Manners) per 4 ml Rs. 20.55
(children)

This combination is of unproven effectiveness. The combination of two analgesic/antipyretics drugs with similar actions in one preparation is not rational as it does not increase the effectiveness of either drug. Analgin should never be used when alternatives are available.

				,	
1 ,	2	3	,	4	5
SUDHINOL-N COMPOUND (Ranbaxy)		propoxypl etamol pam	325		12.86 2
This combination been proven to The addition of a gesic effectivene better.	be inferi minor tra	or to sing	le ingred loes not a	ient pre	paration. its anal-
TAPAL (Win-Medicare)	B Aspir		500 mg 30 mg	Rs. 13	.12 . 1,5
Aspirin has excell same amout of ca and adds nothing preparation is ver	ffeine is to its ar	found in nalgesic/ar	one third	d of a cu	up of tea
TAPAL-JUNIOR (Win-medicare)	A aspiri	n 7		Rs. 1.2 (1–2 yrs Rs. 9.7 8-12 yr	0
Aspirin has excel preparation is in					· ·
TREUPEL B (German Remedies)	caffeine		5 mg 0 mg e 10 mg	Rs. 8.4	0 1,4,5

The combination of aspirin and codeine in proper doses i.e. 60 mg of codeine, is superior to aspirin and is a safe combination for fever and pain. The caffeine adds no hing to its effectiveness – it is about the same amount found in half a cup of tea.

,				
1	2	. 3	4	5
ULTRAGIN INJECTION (Manners)	D analgin lignocaine	500 mg 10 mg	Rs. 2.22 per injection	1
Analgin is a mused when alt caine to analg vity, and may	ninor analgesic/ar ernatives are ava in does not add to simply cause rug should be co	ilable. The a o its analgesi allergic react	ddition of li c/antipyretic ions in sens	gno- acti-
The combination	paracetamo	osphate 5 mg to be better sic/antipyreti	c drugs with s	imi-
	deine in proper d			
WALAGESIC (Carter- Wallace)	C dextropropo paracetamo diazepam		mg Rs. 16.50	2
alone. The ac	on of dextropropo be no more ef ddition of a mino effect, and such	exyphene and fective than r tranquilizer	single ingred does not ad	ient d to
ZIMALGIN-A (Rallis) This combination	paracetamol caffeine	250 mg 250 mg 15 mg sphate 5 mg.	Rs. 27.36	1

This combination is of unproven effectiveness. The combination of two analgesic/antipyretic drugs with similar actions in one tablet is irrational as it does not increase the effectiveness of either drug. Analgin should not be used when safer alternative are available.

Comparative Prices for Equivalent Quantities of Drugs

Aspirin	generic 300 mg	Ps. 2						
1	cafiaspirin	6						
2	(also has caffeine) Micropyrin (also has caffeine)	7						
3	Dispirin (also has citric acid, calcium carbonate)	10						
4	Apidin (also has codeine, caffeine)							
5	Tapal (also has caffeine)	19						
. 6	Treupel (also has codeine caffeine)	e, 22						
Paracetamol	generic 500 mg —	5.50						
1 · 2 · 3 · 3 · 3 · 3	Predimol — Curepar — Crocin — Pyrigesic — Calpol —	16 18 20 20 20						
Paracetamol syrup generic 150 mg Rs. 1.20								
(1	enough for a One year old aby for 3 days)							
1 2 3 3 4	Crocin — Pyrigesic — Tylenol — Calpol — Molin —	4.12 4.13 5.00 5.00 5.10						

Generic prices quoted above are samples only, cheaper prices for generic preparations may be available.

It should be noted that several drugs from the WHO essential drugs list are not found at all in MIMS. Aspirin and paracetamol suppositories are not listed. Plain aspirin tablets, codeine tablets and pethedine and morphine injections are also not in the current MIMS, but are available by their generic names in the market. One combination that is notable by its absence in MIMS, is paracetamol and codein. Like the combination of aspirine and codein, paracetamol and codein is another combination that has been shown to be more effective than either drug alone. Although there are serious omissions of essential drugs from MIMS, some of the nineteen preparations listed as 'justified' can be recommended for use. Aspirin for children is available as Tapal-Junior. The least expensive paracetamol preparations are Predimol tabs and Crocine syrup. Apidine and Treupel are aspirin, codeine and caffeine preparations that can be recommended for mild to moderate pain.

A Government policy for provision of all essential analgesics and antipyretics at low-cost and the banning of ineffective preparations and analgin would be a 'healthy first step' in forming a 'Rational Drug Policy for the country.'

References

- 1—Editor James Reynolds, 'Martindale-The Extra Pharmacopia' 28th edition-1982.
- 2—JH Hopkinson et al. in Current Therapeutic Research (1974) 16 194.
- 3-Editor GS Avery, 'Drug Treatment 2nd edition-1980."
- 4—AK Done, 'Antipyretics' in Pediatric Clinics of North America (1972) 19 167.
- 5—L Goodman A Gillmen, 'The Pharmacological Basis of Therapeutics' 4th edition-1970.
- 6—Behrman, Vaughn, 'Nelson Textbook of Pediatrics' 12th edition-1983.
- 7—Editor Weatherall, Ledinghan Warrell, 'Oxford Textbook of Medicine'-1983.
- 8—MIMS India, July'84, AE Morgan Publications, 90 Nehru PI, New Delhi.
- 9—WHO, 'The use of essential drugs' Report of a WHO Expert Committee, WHO Technical Report Series 685, 1983.
- 10—College Notes, The College of Physicians and Surgeons of Ontario, Issue No.8, Sep '84.
- 11—Mukarram Bhagat, 'Aspects of the Drug Industry in India' Centre for Education and Documentation, 1982.
- 12—Moertel etal: Relief of oral medications, A controlled evaluation of analgesic combinatios JAMA, July, 1974 Vol. 229 No. 1



Kerala Sastra Sahitya Parishad Demands

- Urgent steps for production and distribution of Essential and life saving drugs at low cost.
- Immediate ban on the imports and production of non essential and hazardous drugs.
- Strict quality control of drugs.
- Implimentation of the Hathi committee recommendations.
- Implimentation of a People's Drug Policy.

All India Drug Action Network....

This Study is a part of the work of the All-India Drug Action Network (Al-DAN). Al-DAN is a loosely knit network of more than ten groups/organizations from different parts of the country committed to oppose the irrationalities in the production and use of drugs in India and to foster a Rational Drug Policy.